



General

Title

Diagnostic flexible bronchoscopy: proportion of patients with confirmed diagnosis of lung cancer who underwent endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling for diagnosis/staging who were diagnosed and accurately staged by EBUS-TBNA sampling.

Source(s)

British Thoracic Society (BTS). Quality standards for diagnostic flexible bronchoscopy in adults. London (UK): British Thoracic Society (BTS); 2014 Dec. 37 p. (British Thoracic Society Reports; no. 5). [28 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with confirmed diagnosis of lung cancer (pathological intra-thoracic lymphadenopathy) who underwent endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling for diagnosis/staging who were diagnosed and accurately staged by EBUS-TBNA sampling.

Rationale

To achieve high diagnostic standards for endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) practice and adequate sampling to direct treatment where appropriate.

The British Thoracic Society (BTS) guideline for diagnostic flexible bronchoscopy in adults (Du Rand et al., 2013) and the BTS guideline for advanced diagnostic and therapeutic flexible bronchoscopy in adults (Du

Evidence for Rationale

British Thoracic Society (BTS). Quality standards for diagnostic flexible bronchoscopy in adults. London (UK): British Thoracic Society (BTS); 2014 Dec. 37 p. (British Thoracic Society Reports; no. 5). [28 references]

Du Rand IA, Barber PV, Goldring J, Lewis RA, Mandal S, Munavvar M, Rintoul RC, Shah PL, Singh S, Slade MG, Woolley A, British Thoracic Society Interventional Bronchoscopy Guideline Group. British Thoracic Society guideline for advanced diagnostic and therapeutic flexible bronchoscopy in adults. Thorax. 2011 Nov;66(Suppl 3):iii1-21. [131 references] PubMed

Du Rand IA, Blaikley J, Booton R, Chaudhuri N, Gupta V, Khalid S, Mandal S, Martin J, Mills J, Navani N, Rahman NM, Wrightson JM, Munavvar M, British Thoracic Society Bronchoscopy Guideline Group. British Thoracic Society guideline for diagnostic flexible bronchoscopy in adults. Thorax. 2013 Aug;68(Suppl 1):i1-44. [303 references] PubMed

Primary Health Components

Lung cancer; flexible bronchoscopy; endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling; diagnosis; staging

Denominator Description

The number of patients with confirmed diagnosis of lung cancer who underwent endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling for diagnosis/staging (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of patients diagnosed and accurately staged by endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

British Thoracic Society guideline for diagnostic flexible bronchoscopy in adults.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory Procedure/Imaging Center

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Adults

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of patients with confirmed diagnosis of lung cancer* who underwent endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling for diagnosis/staging

*Pathological intra-thoracic lymphadenopathy

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients diagnosed and accurately staged by endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) sampling

Note: A final diagnosis in patients with a negative EBUS-TBNA should be recorded after surgical sampling or at least 6 months clinical follow-up.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

All units achieve a diagnostic sensitivity for staging lung cancer of at least 88%.

Evidence for Prescriptive Standard

British Thoracic Society (BTS). Quality standards for diagnostic flexible bronchoscopy in adults. London (UK): British Thoracic Society (BTS); 2014 Dec. 37 p. (British Thoracic Society Reports; no. 5). [28 references]

Identifying Information

Original Title

Quality statement 5a.

Measure Collection Name

Quality Standards for Diagnostic Flexible Bronchoscopy in Adults

Submitter

British Thoracic Society - Medical Specialty Society

Developer

British Thoracic Society - Medical Specialty Society

Funding Source(s)

British Thoracic Society

Composition of the Group that Developed the Measure

A Quality Standards Working Group was convened in September 2013, with the following membership:

Dr Ingrid Du Rand, Co-Chair, consultant respiratory physician, Hereford

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Ms Julie Martin, respiratory nurse consultant, Manchester

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Dr John Wrightson, consultant respiratory physician, Oxford

Financial Disclosures/Other Potential Conflicts of Interest

Members of the Quality Standards Group submitted Declaration of Interest forms in line with the British Thoracic Society (BTS) policy and copies of forms are available online via the BTS Web site

or on request from the BTS Head Office.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Dec

Measure Maintenance

The Quality Standards document will be reviewed in 2018 or following the publication of a revised guideline, whichever is the sooner.

Date of Next Anticipated Revision

2018

Measure Status

This is the current release of the measure.

Measure Availability

Source available from the British Thoracic Society (BTS) Web site

NQMC Status

This NQMC summary was completed by ECRI Institute on November 15, 2016. The information was verified by the measure developer on January 4, 2017.

Copyright Statement

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Production

Source(s)

British Thoracic Society (BTS). Quality standards for diagnostic flexible bronchoscopy in adults. London (UK): British Thoracic Society (BTS); 2014 Dec. 37 p. (British Thoracic Society Reports; no. 5). [28 references]

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